

**DECLARATION FOR UTILITY OR DESIGN
PATENT APPLICATION (37 CFR 1.63)**

Attorney Docket No.: 2132.013
Inventor Name: Jackowski et al
COMPLETE IF KNOWN
Application No:
Filing Date:
Group Art Unit:
Examiner Name:

X Decl. Sub. Decl. Sub.
w/Initial after Initial
Filing Filing (surcharge
 (37 CFR 1.15 (e))

As a below named inventor, I hereby declare that:

My residence, post office addr., and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**BIPOLAR MARKER INDICATIVE OF DISEASE STATE HAVING A
MOLECULAR WEIGHT OF 1998 DALTONS**

the specification which
____ is attached hereto OR
____ was filed on _____ As United States Application No. or PCT Intl.
Appln. No. _____ and was amended on _____ (if
applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN NUMBERS:	COUNTRY:	FOREIGN FILING DATE:	PRIORITY NOT CLAIMED:	CERTIFIED COPY

Additional foreign appln. nos. are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

APPLICATION NUMBER(s): _____ **FILING DATE:** _____

_____ Addnl. provisional appln.
Nos. are listed on a
Supplementary priority data
Sheet PTO/SB/02B attached.

DECLARATION - UTILITY or DESIGN PATENT APPLICATION

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. PARENT APPLICATION
or PCT NUMBER:

PARENT FILING DATE:

PARENT PATENT NO:
(if applicable)

Additional U.S. or PCT international appln.nos. are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: X Customer No: 21917 PLACE CUSTOMER NO.
BAR CODE LABEL HERE

OR

Registered practitioner(s) name/registration no. listed below.

NAME:	REGISTRATION NO:	NAME:	REGISTRATION NO:
Michael A. Slavin	34,016	Joe Beckman	45,529
Ferris H. Lander	43,377		
C. Fred Rosenbaum	27,110		

DIRECT ALL CORRESPONDENCE TO: Customer Number OR
Or Bar Code Label Correspondence address below

NAME:	McHale & Slavin, P.A.		
ADDRESS:	4440 PGA Blvd.,		
ADDRESS:	Suite 402		
CITY:	Palm Beach Gardens	STATE: FL	ZIP: 33410
COUNTRY:	U.S.	TELEPHONE: (561) 625-6575	FAX: (561) 625-6572

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 17 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A Petition has been filed for this unsigned inv.
GIVEN NAME (first and middle [if any]): FAMILY NAME OR SURNAME:

George	Jackowski		
Inventor's signature:	Date:		
Residence: 11725 Keele Street R1			
City: Kettleby	State: ONTARIO N0G 1J0	Country: CANADA	Citizenship: Canadian
Post Office Address: 11715 Keele St., R1, Kettleby, Ontario N0G 1J0, CANADA			
Additional inventors are being named on the _____ Supplemental additional inventor(s) Page 2 of 3) sheet(s) PTO/SB/02A attached hereto.			

NAME OF SECOND INVENTOR: A Petition has been filed for this unsigned inv.
GIVEN NAME (first and middle [if any]): FAMILY NAME OR SURNAME:

Brad Thatcher, PhD

Inventor's signature: _____ Date: _____

Residence: 12 Beaverdale Road,
City: Toronto State: ONTARIO M8Y 3Y4 Country: CANADA Citizenship: Canadian
Post Office Address: 12 Beaverdale Road, Toronto Ontario M8Y 3Y4, CANADA

NAME OF THIRD INVENTOR: A Petition has been filed for this unsigned inv.
GIVEN NAME (first and middle [if any]): FAMILY NAME OR SURNAME:

Tammy Vrees, BSc

Inventor's signature: _____ Date: _____

Residence: 215 Bronte Road
City: Oakville State: ONTARIO L6L 3C5 Country: CANADA Citizenship: Canadian
Post Office Address: 215 Bronte Road, Oakville Ontario L6L 3C5, CANADA

NAME OF FOURTH INVENTOR: A Petition has been filed for this unsigned inv.
GIVEN NAME (first and middle [if any]): FAMILY NAME OR SURNAME:

Jason Yantha, BSc

Inventor's signature: _____ Date: _____

Residence: 44 St. Joseph Street, Apt. 2102
City: Toronto State: ONTARIO M4Y 2W4 Country: CANADA Citizenship: Canadian
Post Office Address: 44 St. Joseph Street, Apt. 2102 Ontario M4Y 2W4, CANADA

NAME OF FIFTH INVENTOR: A Petition has been filed for this unsigned inv.
GIVEN NAME (first and middle [if any]): FAMILY NAME OR SURNAME:

John Marshall, PhD

Inventor's signature: _____ Date: _____

Residence: 95 Parkside Drive
City: Toronto State: ONTARIO M6R 2V3 Country: CANADA Citizenship: Canadian
Post Office Address: 95 Parkside Drive, Toronto Ontario M6R 2V3, CANADA